



PUBLIC ACCESS GRANT APPLICATION

Name of Applicant (individual or organization): _____

Address: _____

Primary Contact Person: _____

Phone Number: _____

Fax Number: _____

Email (required): _____

Which PEG Channel: (Mark one please)

Public ____ Governmental ____ Educational ____

Description of program: (Attach additional pages as needed.)

Actual or Projected Production Expenditure Details (please complete any that apply to your request)

| | |
|-------------------------------------|-----------|
| Capital expenditures | \$ |
| Production Materials | |
| Music Materials | |
| Research & reference costs | |
| Producer/presenter/interviewee fees | |
| Air time/access contributions | |
| Other expenses (specify) | |
| | |
| | |
| Total Expenditures | \$ |

Application Check List:

Only complete application packages can be considered. Please ensure that your submission includes all of the following and is received by the City no later than 5:00 P.M. on final business day of March or August:

- ☐ Application Form
- ☐ CD or DVD of completed program or production treatment (outline) for program
- ☐ Supporting documentation for expenses for program production
- ☐ Submit grant application to:

City of Riverside - Public Access Grant Program
Attention: Public Information Officer
3900 Main Street
Riverside, CA 92522
951-826-5553
951-826-5470 (Fax)

Authorized Representative (print)

Date

Signature

Title